

PLEASE USE THE FOLLOWING VOUCHERS WHEN SUBMITTING THE  
WORKERS COMPENSATION POLICY FILING FEES. SEND TO:

SOUTH DAKOTA DIVISION OF INSURANCE  
445 EAST CAPITOL  
PIERRE, SD 57501

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WORKERS COMPENSATION POLICY  
FILING FEE. SEND TO:  
SD DIVISION OF INSURANCE  
445 EAST CAPITOL  
PIERRE, SD 57501

**QUARTER PAYMENT DUE -- SEPT 30<sup>TH</sup>**  
NUMBER OF POLICIES \_\_\_\_\_  
TOTAL AMOUNT \$ \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
NAIC # \_\_\_\_\_  
Phone: \_\_\_\_\_

FILING FEE IS \$14.00 PER POLICY

WORKERS COMPENSATION POLICY  
FILING FEE. SEND TO:  
SD DIVISION OF INSURANCE  
445 EAST CAPITOL  
PIERRE, SD 57501

**QUARTER PAYMENT DUE -- DEC 31<sup>ST</sup>**  
NUMBER OF POLICIES \_\_\_\_\_  
TOTAL AMOUNT \$ \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
NAIC # \_\_\_\_\_  
Phone: \_\_\_\_\_

FILING FEE IS \$14.00 PER POLICY

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WORKERS COMPENSATION POLICY  
FILING FEE. SEND TO:  
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445 EAST CAPITOL  
PIERRE, SD 57501

**QUARTER PAYMENT DUE -- MAR 31<sup>ST</sup>**  
NUMBER OF POLICIES \_\_\_\_\_  
TOTAL AMOUNT \$ \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
NAIC # \_\_\_\_\_  
Phone: \_\_\_\_\_

FILING FEE IS \$14.00 PER POLICY

WORKERS COMPENSATION POLICY  
FILING FEE. SEND TO:  
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PIERRE, SD 57501

**QUARTER PAYMENT DUE -- JUN 30<sup>TH</sup>**  
NUMBER OF POLICIES \_\_\_\_\_  
TOTAL AMOUNT \$ \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
NAIC # \_\_\_\_\_  
Phone: \_\_\_\_\_

FILING FEE IS \$14.00 PER POLICY